		1 (N/	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	IARYLAND
	-	=0E	1	17768 CERTIFICATE OF DEATH	765
	after death	he funers s 1 and fter deat	1,	a. COUNTY St. Mary s MARYLAND 3. STATE Maryland. b. COUNTY St.	Mary's
	24 hours of	completely filled in by the funeral se carbon papers. Pages 1 and 2 event, within 72 hours after death.	-	b. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town) Hollawood d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, write RURAL Hollawood, d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	hin 2	ely fill	4 3	NAME OF First Middle Last 4. DATE Month OF OF	Day Year
	id wit	carbc rent, w	5.	(Type or print) Joseph McQuillan Alvey DEATH December	16 1966 1 YEAR HE UNDER 24 HRS.
	executed within	nand completely filled in remove carbon papers.		male white WIDOWED DIVORCED March 4, 1901 65 yrs.	Days Hours Min.
	De c	ease and in	di	a. USUAL OCCUPATION (Give kind of work done in partial industry) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CI COUNTY & State, or foreign country)	S.A.
	lificate	g phy hen pl noval,	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
	th cert	nit. Ti or ren	100	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unknown) (If yes give war or dates of service)	A4 B
	deal	he al perr tion,	=	18. CAUSE OF DEATH FENTER only one cause per line for (a), (b), and (c).	I INTERVAL BETWEEN
	The law requires that the death certificate or attending physician.	ed by the transit , crema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immediate Cause (a)	ONSET AND DEATH
	PHYSICIAN: The law requires that the hospital or attending physician.	en sign burial o burial		Conditions, If any, which gave rise to immediate	
	v reg	s the		cause (a), stating the DUE TO underlying cause last. (c)	
	The lay	cate ha	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	PHYSICIAN: the hospital	certifiched for)
	AG PHYS		MEDICAL	20c. TIME OF INJURY Month, Day, Year Place OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While at work at work	unty) (State)
1	TENDI	700		21. I certify that (I) (this hospital) attended the deceased from 8 1966 to Sug. 16, 196 saw the deceased alive on 200 1966, and that death occurred at 16 PM, from the causes and on the	he date stated above.
	O HOSPITAL OR ATTENDING Page 4 may be retained by	O FUNERAL DIRECTOR: director, page 3 should should be filed with the		22a. SIGNAFURE STAFF DIRECTOR STAFF PHYS. 22b. D	ATE SIGNED
	SPITAL 4 may	NERAL tor, pa d be fi		22c. PHYSICIAN'S NAME (Type) Charles Greenwell, M.D. Leonardtown, Md.	
	TO HO	TO FUNERAL director, p should be	2	Ba. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or con REMOVAL (Specify) Punial Dec. 19, 1966 St. John A Hollowood A	a 1 1
		· 2	-	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	VR 20N	A15 (4)	=	W. Clarke Mattingley Leonardtown, Md. DATE DEC 22 1966	0

TAKER 1 and the same of the louis land V 5211 11 12 12 12 the reserved to the presentation The Water States until it mail 131 But a principle of the control of th Elizabeth Market Market Lagrania and Character many assumed Direct Dearly View St. Tone as in Wagness - mitalians Lifethe meddenby meneroleon, (-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17769 CERTIFICATE OF DEATH funeral and 2 death. and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND by the b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give dearest town) ve carbon papers. Pag event, within 72 hours write RUPAL and give nearest town) hours filled in KALA alitornia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 1S RESIDENCE ON A FARM? YES X NO executed within completely NAME OF Middle Last 4. DATE Month Day Year DECEASED OF DEATH omba (Type or print) December 19 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED remove NEVER MARRIED last birthday) | Months | Days Hours any Female WIDOWED K DIVORCED ulu 6. 10a. USUAL OCCUPATION (Give kind of work done | Ξ 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 60 during most of working life, even if retired) INDUSTRY House wile 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending Market Then removal Perry (eci yeorge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. o death (Yes, no. or unkown) ((If yes give war or dates of service) cremation, ilornia Maryland ine 18. CAUSE OF DEATH [Enter only one causes per line for (a), (b), INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY AMMEDIATE CAUSE (8 signed DUE TO Conditions, If any, which (b) peen gave rise to immediate 라라 DUE TO cause (a), stating the prior 1 underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? for use Health certificate NO 20a. ACCIDENT WAS BASERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) detached f 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING at work at work be retained b 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. SIGNATUR 22b. DATE SIGNED 222. ATTENDING Z TO HOSPITAL (Page 4 may 10 FUNERAL D DIRECTOR Da 7 director, p PHYSIC MAN'S 22d. **ADDRESS** NAME (Type) Jarbon ames Maruland 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIALI CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 2 Haruland Jee. Buruak FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Leonardtown, Maryland VR A15 (4) 20M 1/65

7_80271 North 12 Symptomics (Control of the Control of the the same that you will be the same the The best of the stage of the 100,000 mg/s , , , The substitute of the substitu Product Added the sens here have been the second of th when the same and the best of the same page and the same

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7767 requires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY and campletely filled in by the fur remave carban papers. Pages 1 in any event, within 72 hours after ST. MARYS MARYLAND ST. MARYS b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LEON ARDTOWN c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 110 WOODLAWN DR. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CALIFORNIA NOT YES 3. NAME OF Middle First DATE Month Lost 4. Doy Year DECEASED BESSIE ROGERS FULLWOOD DECEMBER 19 66 (Type or print DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours Doys FEMALE WHITE WIDOWED X DIVORCED 0/21/1884 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if regired) INDUSTRY COUNTRY? s se a CLERK (RETIRED STANDARD OIL CO. MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME phy remov ALBERT ROGERS EMMA ZELLERS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) ò 239 01 9508 MRS.ELEANOR DONALDSON SAME AS ian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND/DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) While Not While 19 at work ot work 7. 19 6 6that (1) (-we) last 21. I certify that (I) (this hospital) attended the deceased fram. Mch, 15 1966 , 10 Dage 119 196 and that death occurred at 477 M, fram causes and on the date stated above. sow the deceased olive on. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 2-27-6 M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) LEXINGTON PARK.MARYLAND W.H.PATRICK M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (Stote) REMOVAL (Specify) 12/29/66 LOUDON PARK CEMETERY BALTIMORE, MARYLAND 24 EUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS 2So, REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 LEONARDTOWN, MARYLAND

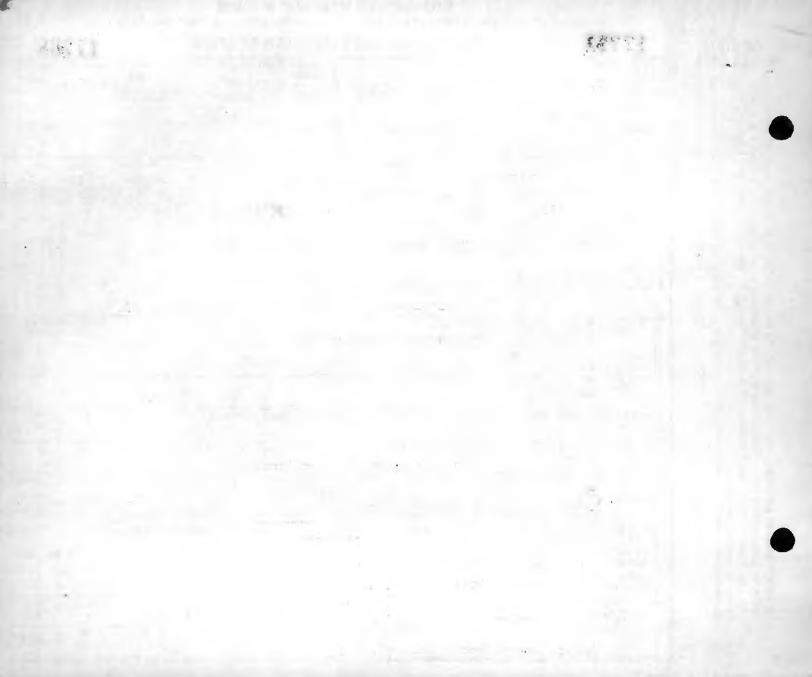
The Huntt Funeral Home, Waldorf, Md.

VR A15ME (5)

6M 1/66

liantly

DEC

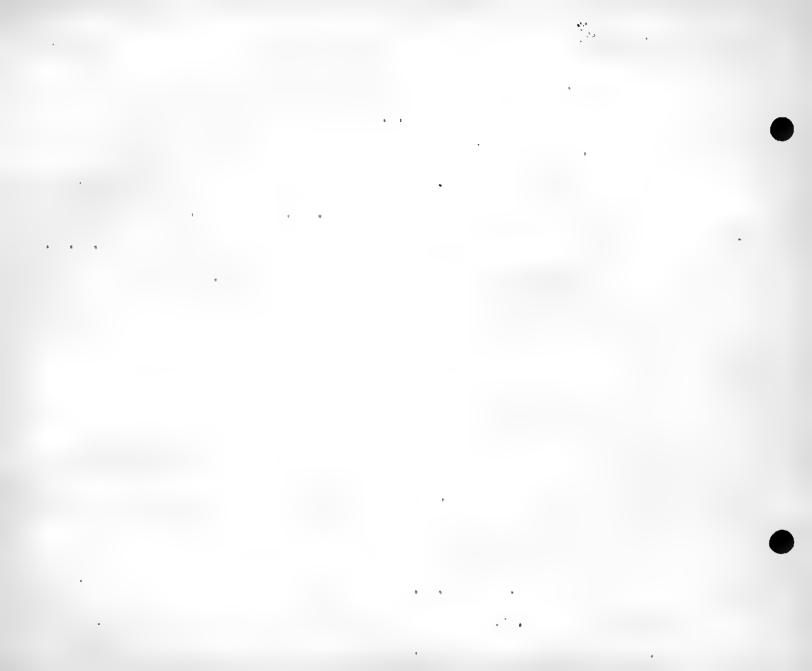


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17772 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death. ending physician and campletely filled in by the funeral nine. Then please remave carban papers. Pages 1 and 2 or remaval, and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY St. Mary s Mary s MARYLAND Maruland b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest, town) Hollywood eonardtown e. IS RESIDENCE ON A FARM d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES X NO St. Maru's Hospital NAME OF Middle DATE First Day Year DECEASED Hauden December 19 (Type or print) homas DEATH 9. AGE (In years IF UNDER 1 IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) Farming St. Mary s Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Caroline Heard the attending passit permits The 17. INFORMANT 16. SOCIAL SECURITY NO. requires that the death permit (Yes, na, or unknown) (If yes give yyar or dates of service) Hollywood No crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO buria!, Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been prior to far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Dept. af Health NO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II at item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, affice bldg., etc.) Haur a.m. Not While at work at work 19 5), to. 2). I certify that (!) (this haspital) oftended the deceased from , 19 , that (1) (we) last should C 19 66 and that death accurred at M, from couses and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR directar, page 3 should be filed PHYS 22d. ADDRESS 22t PHYSICIAN'S Mechanicsville NAME (Type) Berube 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) Hollywood Bunia 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAPURE 24. FUNERAL DIRECTOR DATE DEC Leonardtown, Md. Clarke Mattingley

MARYLAND STATE DEPARTMENT OF HEALTH

*3. ⁴ -1.7.5			37.72
			1
			Ministra
		\$6.60 P	J. See 10 60
	The second second		S-15
	W 62 77 77 77 77 78 78 78 78 78 78 78 78 78		
70	Y	1.134	
	continuous and		
As Accept	(See See See See See See See See See Se	Sherrens.	
	The state of		
		tr Beech	
3 44			12.75

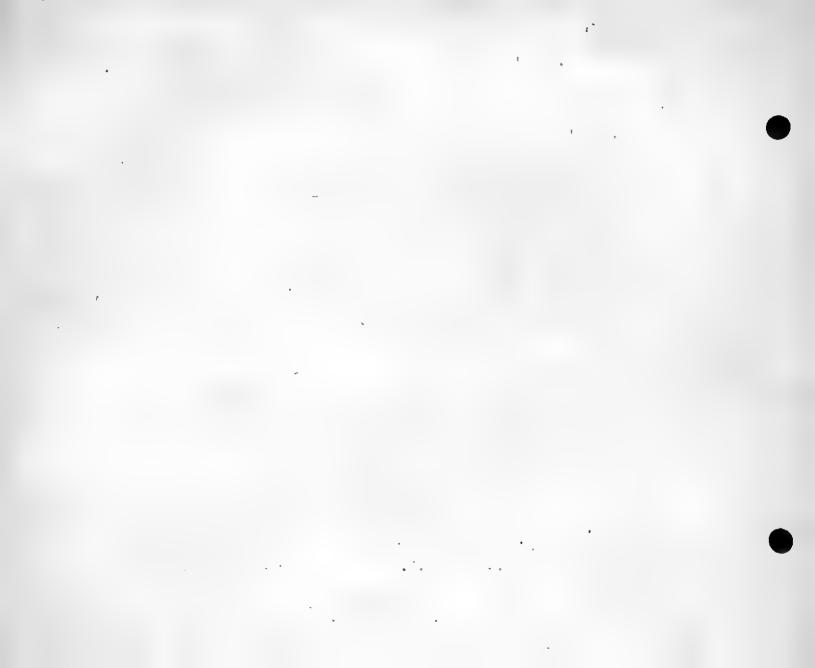
1	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	17773 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ved, if ns fution: Residence before admission) 5 COUNTY 5 COUNTY 6 COUNTY 7 CAMBER OF DEATH AND COUNTY CAMBER OF COUNTY CAMBE
y is 3 ta age age	St. Mary's Maryland Maryland St. Mary's
2, and 3 ta PM3. Page partment af after death.	b (TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtoun C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate mits write RURAL and give nearest town) Mechanicsville,
E 0 0 0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS e is residence.
ofter death If Jny delay is 8. Give Pages 1, 2, and 3 to along with farm PM3. Page with the State Department of within 72 haurs after death.	St. Mary's Hospital Route 2 Box 19 YES X NO [
after death If 8. Give Pages 1, along with farm with the State De within 72 hours	3 NAME OF First Middle Last 4 DATE Month Doy Year
r de yve P g wi the in 7	(Type or print) Henry S. Hertzelen OF DEATH December 21, 19 66
haurs after death tem 18. Give Page Office alang with i and with the State event within 72 h	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) Jost birthdoy) Months Doys Hours Min
	Male White WIDOWED DIVORCED DEC. 21, 1954 11 yrs
\ \	100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 KIND OF BLS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT (DIVITRY) 13 A.
	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
d with n pend Exami File pa	Issac Hentzler Rebecca D. Stoftzfus
ed v in l al Ex l. Fil	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
ecut ling` edic erm erm	father same as if 2 above
shauld be executed no ward "pending" is to the Chief Medical burial transit perm.1.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I, DEATH WAS CAUSED BY ONSET AND DEATH)
Id 55 Chie Chie	928 IMMEDIATE CAUSE (0) Interthorous Conjune Constitution
wa wa the urial	Conditions, if ony, which gove) (b)
the ward the ward to the Cl a purial tre cl a purial tre cremation,	ase to immediate cause (a), Storing the underlying cause DUE TO
ifica ting ardec	lost. (c)
This certificate should be executed within Zate, writing the ward "pending" in pencil se farwarded to the Chief Medical Examiner be used as a bunal transit perm.t. File pager to burial, cremation, ar remaval, and in an	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTOPSY PERFORMED?
·= + 8	YES NO 200 EXTERNAL AUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port of item 8)
±	PERFORMED? YES NO YE
N a to the N to the	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
XAM te th the th oge oge oge	g, pm 1 of work of work of work of the change of the c
Page Page Page Page Page Page Page Page	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion
ECT or sign	deoth resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined monner
JIY MESTAL EXALITY, please execute eral director. Page be retained far yar RAL DIRECTOR: Page ar its designated a	ACTUAL SIGNATURE AND BOARD M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
JTY, property, p	EVAMINED'S DEPUTY MEDICAL EXAMINER P
o DEPUTY MESTAL EXAM necessary, please execute the funeral director. Page 45 may be retained far your o FUNERAL DIRECTOR: Page Health ar its designated age	NAME (Type) William U. Boud 111. U. Address (Street, city, town, or county)
the For Head	230 BURIA. (REMATION, BENEVICE) 230 BURIA. (REMATION, BENEVICE) 230 BURIA. (REMATION, City or Town) 231 LOCATION (City or Town) (County) (Stote) Hentzeler (emetery Mechanicsvillen Maryland
4	24. FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 250_REGISTRAR 5 SIGNATURE
VR A15ME (5) 4	W. Clarke Mattingley Leonardtown, Maryland DEC 28 1966 floorles Judge



ri	1	(n	,		MARYLAND STATE DEPARTMENT OF HEALTH
SECTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS N			<i>.</i>		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17774 CERTIFICATE OF DEATH 17771
•	eath.	funeral and 2,	-	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) 3. COUNTY 2. TOTE 4. COUNTY
	-	the furges 1 a			8. STATE Maryland. b. COUNTY St. Mary's
	afte	y the			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	hours after death	in b Pour			Leonardtour Chaptico
	24 h	nding physician and completely filled in by the 1 Then please remove carbon papers. Pages 1 removal, and in any event, within 72 hours after			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
	Ë	ity fi	7	3.	St. Mary's Hospital YES NO 1
	executed within	arbo arbo it, w		ű.	NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Harry W Hoff DEATH December 18 19 66
	ted	com Ve c		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Xecu	and any			Male White WIDOWED DIVORCED Dec. 22, 1874 91 yrs. Months Days Hours Min.
	e e	se r		10a dur	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
(9	plea 1, an		13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME U.S.A.
		hen hen nova	- 1	10.	0 . 1 !! 00
	cer	t. Trer		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SDC IAL SECURITY NO. 17, INFORMANT Address
	eath	ermi on, o		(16	No. (If yes give war or dates of service) 162-03-2182-A Mary-Elizabeth Hoff Charties Md
	p e	r the iit p natio		1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
	at th	trans crais			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HERE LA FRICA COLL
	s th	signe rial- rial,			Conditions, If any, which) DUE TO CHEET OF CONTROL WALLET WILL WITH THE CONTROL WALLET WILL WITH THE CONTROL WALLET WALLET WILL WALLET
	an in	e bu			gave rise to Immediate
	PHYSICIAN: The law requires that the death certificate the hospital or attending physician.	tificate has been signed by the attending physician for use as the burial-transit permit. Then please if Health prior to burial, cramation, or removal, and in			underlying cause last. (c)
	The lar	After this certificate has d be detached for use as e State Dept. of Health prio		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	는 I	fical for u	- 1	IFIC/	YES NO ZOO. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter/nature of Injury in Part I or Part II of Item 18.)
	CIAN	cert ned t. of		CERT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter/nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)
	PHYSICIAN: the hospital	this etacl Dep			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	de P	ter Se d		MEDICAL	Hour a.m. p.m. While Not While at work at work
	TTENDING stained by	red l			21. I certify that (I) (this hospital) attended the deceased from
	ATTE retai	sho tit		- 1	saw the deceased alive Dn
.50	6 5	DIRE Be 3 ed w			M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
	ITAL may	XAL 3			22c. PHYSICIAN'S 22d. ADDRESS.
	O HOSPITAL OR ATTENDING Page 4 may be retained by	O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	/		Ur. A. Samadi Leonardtown, Illa.
	TO H	TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with the		23a	REMOVAL (Specify)
				24.	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		15 (4)			W. Clarke Mattingley Leonardtown, Md. DATE DEC 22 1966 , regulation
	20 M	1/65		_	



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
N _J E	17775 CERTIFICATE OF DEATH	ניל"כ
1	1. PLACE OF BEATH a. COUNTY St. Mary's MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. STATEMARYLAND b. COUNTS t. Ma:	nce before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	give nearest town)
I	Leonardtown Piney Point	121
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	St. Mary's Hospital	YES NO X
l	DECEASED	Day Year
I	(Type or print) Marcell (None) Lawrence DEATH December 6	1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 12-3-66 Female Negro WIDOWED DIVORCED 12-3-66 9. AGE (in years FUNDER 14E	AR IF UNDER 24 HRS
ı		EN OF WHAT TRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ı	Joseph William Morgan Theresa Cecelia Lawrence	
ı	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((fyes give war or dates of service))	
ı	Mother Piney Point, M	aryland_
ı		TERVAL BETWEEN DISET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	40
	Conditions, If any, which by the Diffress Stynk Mg	lacy
	gave rise to Immediate cause (a), stating the underlying cause last. DUE TO A Tanaduruth (c)	
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
ļ	I I I I I I I I I I I I I I I I I I I	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TiME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	(State)
	21. I certify that (I) (this hoseital) attended the deceased from 12/3, 1965 to 12/6, 1960.	that (I) (
	saw the decreased alive on 1/1/6 19 6, and that death/occurred at 23 M, from the causes and on the c	tate stated above
	22a. SIGNATURE ATTENDING MED. STAFF 22b. DAYE	SIGNED
	M.D. PHYS. DIRECTOR PHYS. PHYS.	1-17()-
1	22c. PHYSIC MAN'S James P. Darboe M. D. 22d. ADDRESS Great Mills, Maryland	
	23a. BURIAL, CKEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county,) (State)
	Dura 1/2/1/66 11 21 2 2003 6 1 Million tel	Trid
	24. FUNERAL DIRECTOR Mattangly's Leonard Sown Md 25a. REC'D BY REGISTRAR'S SI	0
	WClarke Frattingley DATEC 8 1966 Johnson	1-0



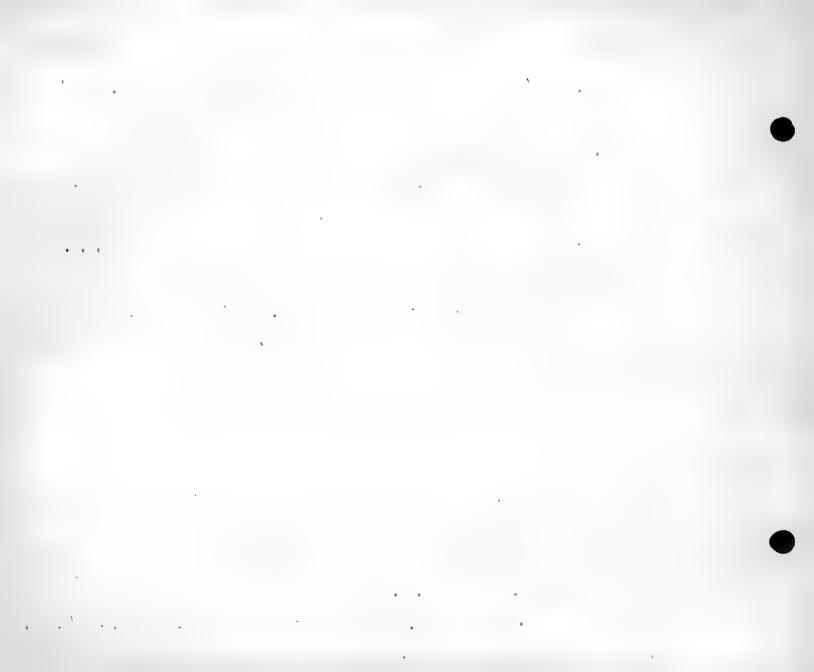
1 ,		MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORD	PARTMENT OF HEALTH S. 301 W. PRESTON STREET, BALTIMORE 1 M	IARVI AND
e she			E OF DEATH 17	773
24 hours after death filled in by the fungral apers. Pages and n 72/hours after real h	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Ria. STATE b. COUNTY	esidence before admission)
	_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland St	.Mary's
urs a		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) California	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
filled in 72/hour	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	California d. STREET ADDRESS	B. IS RESIDENCE
n 24 ho	_	Home		YES NO
withir letely repon	3.	DECEASED	Last 4. DATE Month	Day Year
omp e ca	5.	(Type or printkimberley The Lizabeth CANON) SEXTEMAL 4 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Norris Death December 8. DATE OF BIRTH 9. AGE (In years IF UNDER	5 19 66
executed within and completely remove carbon prant any event, with		Maye White WIDOWED DIVORCED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Days Hours Min.
ian din	10 du	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
eath certificate be executed within 24 attending physician and completely filter of the please remove carbon papen, or removal, and in any event, within 7		FATHER'S NAME		S.A
The Tark		Joseph Ralph Norris	Barbara Jean McLeod	
3 1 5 5 5	1!	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 18	INFORMANT Address	
deatl e at permion,	L		Mother California, Ma:	
the sit		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and (c).1 PART I. DEATH WAS CAUSED BY:	/_	ONSET AND DEATH
that the death sician. Ince by the atle al-fransit permit al, cremation, or		IMMEDIATE CAUSE (a)	X p	
es t ohysi sign urial		Conditions, if any, which	relist But Trama	
requires ding phy been sig the buri		gave rise to immediate cause (a), stating the DUE TO	The state of the s	
law r ittend has b as t prior	NO	underlying cause last. (c)		The Was all topoy
The law requires that the or attending physician, sate has been signed by use as the burial-transealth prior to burial, cre-		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PHYSICIAN: The law requires that the death of the hospital or attending physician. This certificate has been signed by the aften detached for use as the burial-transit permits a Dept. of Health prior to burial, cremation, or	CERTIFICAT	208. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
the this this detace	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou.	nty) (State)
by by ter tage	MED	p.m. 19 at work at work		//
		21. I certify that (I) (this hospital) attended the deceased from	10 3 3 Selection 10 1	6, that (I) (we) last
ATT reft 3 sh with		saw the deceased alive on 1965, and tha	it death dooding at a second month the educes and on a	ATE SIGNED
AL OR nay be AL DIRE AL DIRE	П	tel Hart M.		4/6/2
	L	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1
TO HOSPITA Page 4 md TO FUNERAL director, p	23	Durial, CREMATION, 236. DATE THEREOF 123C. NAME OF CEMETER	Great Mills, Maryland Y OR CREMATORY 23d, LOCATION (City, town or cou	inty) (State)
TO HOSE Page 4 TO FUNE directo should	1	REMOVAL (Species) 1/2/7/1/06 Stale	usias Tronardtown	7210
0	24	FUNERAL DIRECTOMAttingly's, ADDRESSe onan	atownM258. REC'D BY REGISTRAR 25b. REGISTRAR"	S. SIGNATURE
VR A15 (4) 20M 1/65	1	Visiare Mallingley	DATE UEU 8 1990 F	
3				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution: Residence before b. COUNTY St. a. COUNTY o STATE Poge O death. 40 MARYLAND deloy Department b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) pub offer NAME OF HOSP TAL OR INSTITUTION (I not in hosp to give street oddress) d STREET ADDRESS S RES DENCE ON A FARM? hours along with form Andrews Church Road in Item 18. Give Poges YES NO T ate 24 hours after death 3 NAME OF Middie 4. DATE 충 within 72 Lost Month Year DECEASED ÖF Thomas 19 66 Type or print) Larence Norris DEATH December S SEX 9 AGE (In years 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED birthdov) Months Davs Male W DOWED DIVORCED Office o 2 = 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR A RIHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Livil service

13. FATHER'S NAME INDUSTRY pending" in pencil in ef Medicol Examiner s 14. MOTHER'S MAIDEN NAMI be executed within Thomas Jerry Norri Rose Frances Trossbach puo 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (1 yes give wor or dotes of service) or removal. Ridge Daruland Patricia A. Norris INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) buriol-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate should word cremotian, DUE TO e certificate, writing the wor should be forwarded to the Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse 0 buriol, lost. PART ... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPS) PERFORMED? CERT FICATION NO please execute the certificate. þe agent, prior to 20a EXTERNAL CAUSE WAS PRIMARY IN OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW WILRY OCCURRED (Enter nature of niury in Part 20c TIME OF INJURY Month Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) (County) (State)/ your Nat While FUNERAL DIRECTOR: Page 5 may be retained for you TO FUNERAL DIRECTOR: Page Health or its designated as of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my Accident X the funeral director. death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY SOEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town or county) NAME (Type) 230 BUR AL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) eneteru 24 FUNERAL DIRECTOR 25b. REGISTRA 1966 VR A15ME (5) DEC W. (larke Mattinoley Leonardtown, Maruland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17778 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH o COUNTY St. Mary's o STATE b COUNTY St. Mary's Department b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c C TY OR TOWN (If outside carporate limits, write RURAL and give negrest town) Mechanicsville d NAME OF HOSP TAL OR INSTITUTION (finat in hospita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs St. Mary's Hospital Item 18. Give Pages NO A YES 🗍 hours after death NAME OF Middle 4 DATE within 72 Lost Month Dov DECEASED OF Pickens December Texter (Type or print) DEATH S. SEX 8 DATE OF RIPTH 9 AGE (n years 6 COLOR OR RACE IF UNDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED 6 ast birthdoy) Dovs Hours Nov. 19.1899 Nearo W DOWED DIVORCED IDo USUA, OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working I fe, even fretired) INDUSTRY Penna. be executed within 24 pencil Examine 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME **6** LI Alice Ann McMullen Harry Picken and WAS DECEASED EVER 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) remayal. Mildred L. Pickens Mechanicsville, Marula 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) This certificate shauld **D FUNERAL DIRECTOR:**Page 3 should be used as a burial-tr Health ar its designated agent, prior ta burial, cremation, DUE TO Conditions, if any, which gove farwarded to rise to immediate couse (a), DUE TO stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE CONDIT ON GIVEN N PART 1(6) 19 WAS AUTOPSY PERFORMED? NO K 200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port | or Port II of Item 18) CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Natural causes 🔀 Hamicide death resulted from Accident Suicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 12/26/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 304 Address (Street, city, town, or county) NAME (Type) 230 BUR.AL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 90 N. York Lebanon Cemeteru 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR WE C VR A15ME (5) Leonardtown, Maryland larke Mattingley 6M 1/66

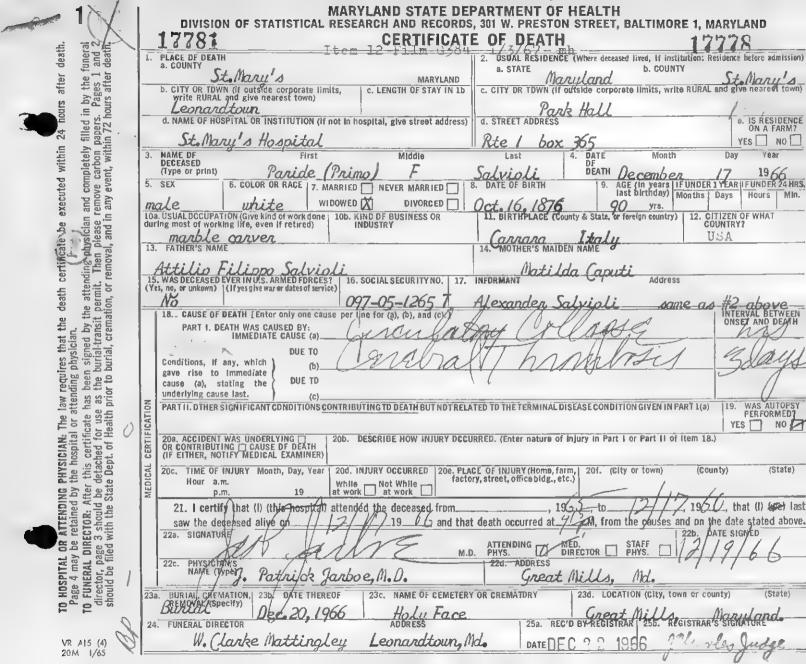


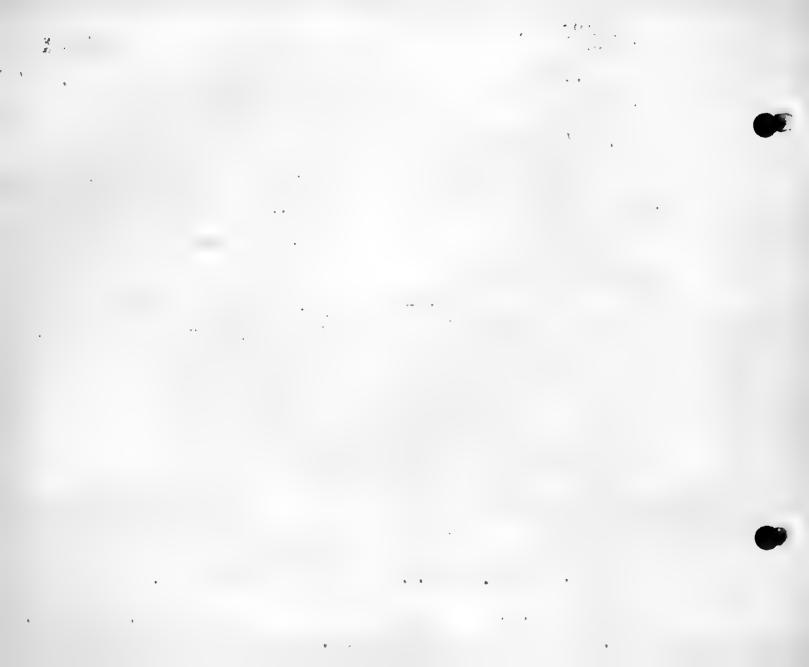
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Pages 1 urs after Haru MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b etely filled in by to bon papers. Page Within 72 hours a write RURAL and give nearest town) eonandtoun meeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES XX NO n and completely f remove carbon pr in any event, within executed within NAME DE Middie DATE Month Day Last DECEASED OF DEATH (Type or print) 1566 Reaman December TEUNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Days Hours DIVORCED [WIDOWED physician an please reval, and in Ξ 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) COUNTRY? Service 11 5 FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 5 (Yes, no, or unkown) (If yes give war or dates of service) cremation, No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), The law requires that the ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 6 months the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, (DUE TO Cenditions. If any, which (b) rise to immediate DUF TO cause (a), stating the prior t underlying cause last. 52 8 WAS ALTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. use for use Health PERFORMED? CAT certificate YES NO CERTIFI 20a. ACCIDENT WAS UNDERLYING F PHYSICIAN: 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for te Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. Not While After OR ATTENDING I at work at work DIRECTOR: A age 3 should led with the D 1960 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9300 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v ATTENDING DIRECTOR PHYS Page 4 may HOSPITAL FUNERAL ADDRESS 22c. PHYSICIAN'S NAME (Type) Bean M. 23d. / LOCATION (City, town or county) (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, BEMOVAL (Specify) 2 Valley /leca eneteru George. Lee REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAN 25b. 24. Leonardtown Maryland VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17780 death executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Mary's o. STATE b. COUNTY St. Mary's lease-remove carban papers. Pages 1 and in any event, within 72 hours after MARYFAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 write RURAL and give nearest town) St. George Island Leonardtown hrs. filled in l IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (f not in haspital, give street address) d STREET ADDRESS St. Mary's Hospital NO TX Middle 3 NAME OF 4. DATE Day Year Los! OF DEATH DECEASED Noble Rice 10 19 66 December harles Type or print IF UNDER 24 HRS. AGE S SEX DATE OF BIRTH (In years 5 COLOR OR RACE 7. MARRIED NEVER MARRIED birthdovi Manths Days Hours WIDOWED DIVORCED Male 12. CIT ZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY physicidal St. Mary's Maruland Waternan law requires that the death artificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar removal, Charles Vincent Rice Mary Ann hersen 17 INFORMANT 16 SDCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Carrie V Pearson 232 Arapaho Dr. Forest Heigh No. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO for use as the b f Health prior ta b stating the underlying couse Page 4 may be retained by the haspital or attending this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBLTING CAUSE OF DEATH with the State Dept. af (IF EITHER NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Hour om. at work TO FUNERAL DIRECTOR: After 2). I certify that (I) (this hospital) attended the deceased fram M, fram causes and an the date stated above and that death occurred at saw the deceased alive an 22o. SIGNATURE 22b DATE SIGNED ATTENDING STAFF DIRECTOR director, page 3 shauld be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S Great Mills. Md. NAME (Type) Patrick Jarboe M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (State) REMOVAL (Spepty) St. George Island Buria REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Marles VR A15 (4) DATE DEC 20 M 1/66 W. Clarke Matting









MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 17783 The law requires that the death certificate be executed within 24 haurs after death. ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral PLACE OF DEATH o COUNTY o STATE b. COUNTY St. Mary's ve corbon papers Poges 1 event, within 72 hours after MARYLAND b CITY OR TOWN (If auts de carparate limits, write RURAL and give pearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town 1 Hour HOLLYWOOD. Leonardtoun S RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) St. Mary's Hospital CLARKE'S LANDING ROAD YES NO X 3. NAME OF Middle 4. DATE OF Year fernove corbon DECEASED Shifflett. 19 DEATH Type or print December AGE (In years IF UNDER IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED last birthday) Manths Davs Hours Female WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Stallary s Marylana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal WILSON COPSEY CORDELIA GREENWELL 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, ng. or unknown) (If yes give war or dates of service) JOHN R. CLARKE cremotian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the buriol-fronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise ta immediate cause (a). DUF TO for use as the b stating the underlying cause Page 4 may be retained by the hospitol or oftending lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X rtioner of. 205. DESCRUÉE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II af item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH of (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda, etc.) Nat While at work at work 21 I certify that (1) (this hospital) attended the deceased from Aio & C. 1966, and that death accurred at 3:00 M, fram causes and on the date stated above. saw the deceased alive an 22n. SIGNATURE 22b DATE SIGNED STAFF PHYS. **ATTENDING** M.D. DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S Roy Guyther M.D. NAME (Type) MECHANICSVILLE. MARYLAND director, should be 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b DATE THEREOF (County) 23a BURIAL, CREMATION, BREMOVAL (Specify) DEC. 6. 1966 ST. JOHNS CEMETERY HOLLYWOOD. MARYLAND 2Sb. REGISTRAR'S SIGNATUREA **ADDRESS** 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Misseles VR A15 (4) CLARKE MATTINGLEY LEONARDTOWN, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17784 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **death** by the ottending provician and completely fulled in by the funeral ransit permit. Then please remove carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence b. COUNTY a. COUNTY St. Mary's MARYLAND ease remove carban popers. Pages 1 and in any event, within 72 hours after b CITY OR TOWN (If autside carporate amits, write RURAL and give nearest town)

Leonardtown, C LONGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARMS YES NO d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d: STREET ADDRESS St. Mary's Hospital NAME OF Middle 4. DATE Year DECEASED Frank DEATH (Type or print) December IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE n years S SEX 5 CO: OR OR RACE NEVER MARRIED 7 MARRIED Inst_birthday) Months Hours Male DIVORCED 10g USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY North Carolina 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or remany John Frank Slade Susan (arraway 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, ar unknawn) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO. 17. INFORMANT MARUE ISABELL SLADE VALLEY LEE, MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per one for (a), (b),
PART ! DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) INTERVAL BETWEEN buriol-transit ONSET AND DEATH signed t buriol Conditions, if any, which gave rise ta immediate couse (a) DUE TO stating the underlying couse Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been d for use os the of Heolth prior to iost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH should be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fown) (County) Hour a.m. factory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased from saw the deceased glive an 1900, and t saw the deceased alive an. and that death accurred at 1 M, fram causes and an the date stated above 22a, SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR director, page 3 should be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Michael Barbarich 23d. LOCATION (City or Town) 23b DATE THEREOF BURIAL CREMATION (State) BREMOVAL (Specify) 1966 St. George (piscopa 2Sa REC'D BY REGISTRAR REGISTRAR'S SIGNATU 24. FUNERAL DIRECTOR Leonardtown. Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

- Transfer - Transfer Andrew on the same August a second at - William Line , , , , THE PLACE STATE The state of the s - . Committee . . the charge of the state of the state of the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17786 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove corbon popers. Pages 1 and in ony event, within 72 hours after deat b. COUNTY a. COUNTY a. STATE Maru' MARYLAND F LENGTH OF STAY IN 1h c. CITY OR TOWN (I Pautside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town? 15 mims. eonardtoun. B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Mary & Hospitas YES NO Middle 4. DATE Day Year 3. NAME OF DECEASED larence brent. Tippett 19 66 DEATH Jecember IF UNDER 24 HRS. DATE OF BIRTH AGE (In year: IF UNDER TYEAR S. SEX 6. COLOR OR RACE NEVER MARRIED 7 MARRIED birthdoy) Manths Hours Dovs White Male WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Maryland truck driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo George Parren Tippett Mary A. the attending b IS. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give war or dates of service) 50 Rt. 2 Leonardtown cremation, INTERVAL BETWEE 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: burial-transit p ONSET AND DEATH Motarken IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol ar attending TO FUNERAL DIRECTOR: After this certificate has been : os the PHYSICIAN: The low 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Heolth r NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached f te Dept. of l (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, (County) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at work should be 21. I certify that (1) (this hospital) attended the deceased from for 19 6 that (1) (we) lost 19 12 2 1965, and that death occurred at IPM, from causes and on the date stated above. sow the deceased alive on 22b. DATE SIGNED 220. SIGNATURE M.D. DIRECTOR director, poge 3 should be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S harles Greenwell M. NAME (Type) congratown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23o. BURIAL, CREMATION, BUNGAL (Specify) Francis Xavier 25g. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATI 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minney larke Mattingley Leonardtown, Maryland DATE DEC

12783			1,327.1
	London Land		V-744-
		Laste W.	Historiano -
		A American	2 x1-301 M
	Martin Mar		
	W 3777 W	Figure 1	white the
b 9 - 6	gy haven	(majar) Mil	The second of
	god Alea-		y Greek makes (Ex
Constitution of	ale Mesal Area in		